

Name	Social Security number
California CNA certificate number	Expiration date

YOU WILL NOT BE REQUIRED TO SUBMIT THIS FORM AT THE TIME OF RENEWAL; however, you must be prepared to provide documentation of these hours if asked to do so by the Aide and Technician Certification Section (ATCS). You may substitute this form; however, it must follow this same format. Class time cannot be counted unless it is at least one hour long. You may duplicate this form as needed.

TITLE OF IN-SERVICE TRAINING OR CONTINUING EDUCATION COURSE AND SUBJECT	NAME AND TELEPHONE NUMBER OF APPROVED PLACE OF TRAINING	ATTENDANCE DATES	NUMBER OF HOURS ATTENDED
TOTAL THIS PAGE			
TOTAL BACK PAGE			
TOTAL BOTH PAGES			

Signature of applicant



